



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
ATTN: DATA EXCHANGE SERVICES MS A-10
PO BOX 942840
SACRAMENTO CA 94240-6090
(916) 845-3778

Request for Waiver From Filing Information Returns on Cartridge, Diskette, or CD

Firm Name:		Date:
Mailing Address:		Federal EIN:
City/State/ZIP Code:		Waiver Request for Tax Year: _____
Contact Name:	Title:	Telephone Number: ()

1. This request is for the following returns. 1098 1099 5498 W-2G
 ☐ ☐ ☐ ☐

Anticipated volume, all returns: _____

If other please identify type(s): _____

2. Is this the first year you have submitted a waiver request?

☐ Yes ☐ No

3. Reason for your waiver request _____

4. Have you been granted a waiver by the IRS? _____

5. If electronic filing was available (via the internet), would you be able to participate?

Approved requests are valid only for the tax year indicated. Subsequent tax year waivers must be filed separately on form FTB 6274 or the federal equivalent. If this waiver is approved, the applicable paper return copies must be filed with us by the filing due date of May 31 for Form 5498 and February 28 for all other information returns. If the corresponding due date falls on a Saturday, Sunday, or legal holiday, the due date is extended to the next business day.

I declare that I have examined this form, including any accompanying statements, and, to the best of my knowledge and belief, it is true, correct and complete.

Signature:	Title:	Date:
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